

FEEDING TUBE INSERTION

INDICATIONS:

Decompression of gastric distention in pediatric patients.

PROCEDURE:

- Prepare equipment:
 - Premature infant - size 3½-5 fr.
 - Infant to child - size 8-10 fr.
 - Feeding tube.
 - Water soluble lubricant.
 - 12 ml syringe.
 - Tape.
- Prepare patient:
 - Maintain patient supine with head in neutral or slightly flexed position.
- Determine length of tube for insertion:
 - Measure and mark from ear lobe to tip of nose to bottom of sternum.
- Insertion:
 - Lubricate tip of feeding tube.
 - Insert tube through nose as far as marked length.
 - May insert feeding tube through the mouth as alternate method.
- Assess for placement:
 - Visualize mouth and hypopharynx for inappropriately coiled tube-remove if necessary.
 - Inject 6-10 ml air into stomach while auscultating over area.
 - Aspirate stomach contents with syringe.
- Tape tube to nose.
- Allow feeding tube to drain via gravity:
 - If there is excessive gastric drainage, may place end of tube in empty IV bag for collection.
 - If feeding tube interferes with ability to provide adequate BVM ventilations in pediatric patients, complete gastric decompression and remove feeding tube.